

## December 10, 2014 Advisory Group Meeting

### Discussion Notes

#### Announcements:

- KCHA is preparing to open their waitlist (on-line lottery system) in January/February; also their new payment standards are going before their board next month

#### Focus strategies:

- The report represents the culmination of their work and is the single, largest piece of the project they were hired to do
- Consultants acknowledge there may be errors, gaps, and some further refinement needed

#### Overview of Report:

##### ➤ **General impressions and running themes highlighted by consultants:**

- A significant culture shift is needed
  - Moving from unit focused to family centered (having a system that is about helping families get to needed resources vs. filling units); also MUST reduce barriers to entry
  - Integrating CEA and providers into a system-perspective – a collective response vs. CEA being a separate program or component
- Leadership, accountability, transparency, and data are needed to make important shifts
- Inefficiencies in both CEA strategies and in the system contribute to the challenges we're facing
- Families should be exploring "self-resolution" housing opportunities at ALL points in the process and into shelter
- Appropriate funding is needed for agencies and a shift is needed to emphasizing serving more families (performance/outcomes)
- Further prioritization of literally homeless families (align with HUD's policy for PSH)
- De-centralized approach with geographic dispersion seems to be best solution for KC and may include cost savings to integrate it into other work already occurring.

##### ➤ Questions discussed:

###### ➤ **Diversion Related:**

Q: What criterion makes someone eligible for diversion (report states not everyone assessed gets diversion)?

A: Diversion is attempted at time of initial conversations with families (though at varying degrees of consistency or intensity). If a diversion option doesn't appear to be available, then assessment for housing resources begins and diversion ends (and all diversion conversations cease).

Q: Do we know the extent to which diversion is working?

A: Data tracking is happening. 20-25% of families are diverted. It is difficult to get real-time information. We should be able to tell: how many families are assessed; how many return to the placement roster; and how do the diverted households differ from those that go back on the list.

Q: What methods are available to us to shorten the diversion assessment process?

A: There are strategies to integrate the diversion work and assessments so that they occur simultaneously.

###### ➤ **Data or Database Related:**

Q: Is this a database issue or are we not collecting this data?

A: Both. It is very complicated to pull data and there are ways that the system was designed that make it more difficult to find out this information.

Q: Providers have reported a drop in utilization rates. AHAR data shows that utilization is either remaining stable or has even increased for some programs. How much stock can we put in this data?

A: It may be worth unpacking more. There were many anecdotes about units staying open. The median rate units stay open is 9 days (average 18 days). Most likely related to barriers and not having an effective process. This is not an endemic problem.

- Further discussion regarding data – from referral to placement (median is 9 days). Though this might not be the right indicator, overall turnover is generally short.
- Last quarter, over 90% the first referrals made were made within 5 business days
- Breaking down referral process data was too complex
- Further distinction, clarification, and confusion re: accepted vs occupied

Q: What contributes to the data entry delay regarding outcomes of a referral?

A: Because CEA data system is not integrated with HMIS, it requires providers to complete an additional step which is low priority for them as they start entering entry data in HMIS as families move in. With an integrated system, this step would be automated.

➤ **Screening Criteria/Barriers to Entry Related:**

Q: Do we know what criteria are required by what fund source?

A: Typically very straightforward, primarily driven by HUD/Housing Authorities and include 3 items. Programs and property managers typically develop this criteria, can change it at any time, and there are no common standards about what criteria are and how they can be changed.

Q: In permanent affordable housing with tax credits, housers need to demonstrate how screening criteria ensures that they still serve target population and maintain assets. (Investors are also on the hook for liability.) How do we drop the criteria any lower?

A: Develop a community-agreed upon list and as tight and short as possible (that investors will tolerate). Actively utilize reasonable accommodations in a way that is efficient and straightforward. Developers are likely to agree to standards, particularly if providers explain that they're accepting clients from this system with these criteria.

➤ **Broader System Issues:**

Q: What about the families that don't get into the system?

A: There are a lot of inefficiencies in the system and CEA strategies. At worse, KC doesn't know if there are enough resources, but because units aren't being used efficiently, we can't know for sure. When you look at openings vs. HHs, there seems to be a balance. The community is heavily weighted towards long-term TH. The options the community has includes:

- Add more stock
- Prioritize so not everyone gets access in the same way
- Turn over units faster
- Turn units into something else

➤ **Decision-Making and Governance Related:**

Q: Why is FHC data not openly shared?

A: Providers aren't aware of how things are working. There is some high level information in FHC reports, but the data in Focus's report is new data. Confidence about data quality is low and because of other fires, data sharing hasn't risen to the top of the priority list.

Q: What impressions does Focus have about the core underlying problem?

A: Focus heard a lot about what programs want and need, but no system-wide agreement about what KC is trying to accomplish. The problem is complex and layered and requires more leadership, data driven decision making, reduction to barriers to entry, and an agreed upon priority for homeless services. King County has sufficient stock and a manageable population size. Don't have alignment or agreement regarding which HHs gets what – real matching can't happen.

Q: Are there any recommendations about how to time/sequence some of these strategies? For example, how do we implement changes to the program or process without a decision-making structure?

A: Recommendations include some immediate action steps that may not need policy-level decision making. Also, there are CEH structures in place where some decisions can be made. For instance, discussions about screening standards have already begun at the Funders Group. Governance recommendations are also being incorporated in the CEH Strategic Plan.

Request made by member: Allow time to vet within organizations so that executive leadership have opportunities to provide input/guidance.

Request made by member: Shift language used in the report regarding the focus of the system. We are and always were focused on each family.

#### Next Steps:

- 12/12 – additional written comments to Michelle
- Discussion – what timeline and action steps are appropriate at this juncture?
  - Some members of the group felt like there wasn't enough time to digest and discuss the report
  - Others felt that some actions seemed reasonable and action could be taken very quickly
    - The AG was asked to form a small workgroup from membership to partner with Michelle on examining potential strategies should the IAC agree to move more immediate steps forward
  - Others felt strongly that urgent decisions and more immediate action is needed and prudent
- The group came to consensus to meet for 2 hours on the following week to continue the discussion